

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

029974

FILING DATE

7-31-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	W/O.	DEF.	W/O.	DEF.	W/O.	DEF.
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TOTAL	5					
TOTAL	19					

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REF ID: A66040

1029974

APPLICANT(S)

FILING DATE

7-31-00

CLAIMS

[illegible]